

HISTORY FACILITY PROFILE

WEST SIDE CENTER PROVIDER #: 46G017 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 4028 S 4800 W PHONE NUMBER: (801) 968-8122 TOTAL: 16
 WEST VALLEY UT 84120 PARTICIPATION DATE: 12/11/1987 CERTIFIED: 16 TYPE OWNERSHIP: PRIVATE NON PROFIT
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 11/15/2001		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 16			
-----		-----		-----			
TOTAL:	15	BEGINNING:	02/01/2002	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	11/30/2002	--	----	--	-----
MEDICAID:	0	EXTENSION:	01/31/2003				16
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 01/08/2002

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
10/1998	11/1999	11/2000	11/15/2001		
X			X C	12/14/2001	STD W0109-COMPLIANCE WITH SANITATION LAWS
			X C	12/12/2001	STD W0339-NURSING SERVICES INCLUDES OTHER CARE AS PRESCRIBED BY PHY
			X C	12/14/2001	STD W0365-INDIVIDUAL MEDICATION ADMINISTRATION RECORD MAINTAINED
			X C	12/14/2001	STD W0488-CLIENTS EAT IN MANNER CONSISTENT WITH DEVELOPMENT LEVEL

EDITION OF LSC APPLIED					
1985	1985	1985	1985	CURRENT	PLAN/DATE
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	SURVEY	OF CORRECTION
10/1998	11/1999	11/2000	11/15/2001		LSC DEFICIENCIES - BLDG NO. 01
		X			K0018-CORRIDOR DOORS
			X C	11/28/2001	K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
X					K0053-AUTOMATIC SMOKE DETECTION SYSTEM
	X				K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
-----	-----	-----	-----	-----
CONDITION	0	0	0	0
STANDARD	4	0	0	1
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	4	0	0	1
LIFE SAFETY CODE	1	2	0	1
LIFE SAFETY CODE + HEALTH	5	2	0	2

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
	-----	-----	-----
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
-----	-----
10/06/1998	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY
 C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
 * = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION